Plotz, Paul and Judith 2021

Dr. Paul Plotz and Judith Plotz Oral History

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Oral History of Dr. Paul Plotz by his wife, Dr. Judith Plotz

Medical Committee for Human Rights

GM: Today is March 18, 2021 and I am Gordon Margolin about to talk with Dr. Paul Plotz and his wife, Judith, who has been involved with all of Dr. Plotz's activities for these many years and has agreed to fill in the details to ensure that the memory problems that Dr. Plotz has exhibited won't interfere with our discussion. We already have an oral history on Dr. Plotz in our records. It was done in 2007 by Dr. Alan Schechter and it described Dr. Plotz's history up to the time he joined NIH in the early 1960s. What we want to review today are the important elements of his activities in the world, partly in the South of the United States and then later in Africa. We'll hear from JP: about all of this. I believe, Dr. Plotz, you were a member the Public Health Service [PHS] when you first joined NIH and, as a PHS officer you volunteered to go to the South to work on the desegregation problems of the Black community and medicine. Would you like to tell us, Dr. Judith Plotz, how Dr. Paul Plotz got involved with this and how it all got started?

JP: I don't remember exact dates but it in Spring of [19]'66 Paul came home from NIH one day. This was his first year working in NIH and in, as you say, the Public Health Service. He was working in the lab of Dr. Norman Talal and he came back, and he reported that there had been a meeting describing the new civil rights legislation by which hospitals in the South were going to be integrated. How were they going to be integrated? It was sort of carrot and stick: unless hospitals were shown to be integrated, they would not receive any federal monies whether through Medicaid or other programs. Which programs I cannot tell you.

GM: It was Medicare.

JP: Okay, through Medicare, and I think there were other ways too—in construction and so on. In any case, he had instantly volunteered. I mean he came back and reported it as a *fait accompli*, and I was very excited about this. I thought this was a great thing to do and what was very surprising to him and very surprising to me was that he was one of very few people from NIH who volunteered. He was kind of incredulous because he thought that surely this is what anybody would want to do. Why wouldn't anyone want to do this at this point, in this moment of history? You know we were both sort of active and we were certainly aware and participatory in various civil rights issues. Paul had belonged to the Medical Committee for Human Rights at that point.

Anyway so quite soon thereafter, a matter of weeks not of months, he was invited to go down to the great briefing meeting which—I don't remember where it was but I think you mentioned it was in Dallas—was in Texas. Everybody was given a partner and they were given instructions about how to go about visiting towns in the South. They were going to spread out all over—I guess the old Confederacy—and Paul's particular beat was going to be Tennessee and Mississippi. Mississippi, I know, Tennessee, I know. It may have been some in Alabama.

They were given instructions about the normal way of getting information. The information they had to get would be from the hospital. They would go to the hospital and they would ask specific questions about whether the hospital was or was not integrated, and they were to look specifically whether there were particular wards [for Black and White patients], whether there was a difference in facilities, whether the Black patients were put in smaller, dirtier, hotter, colder rooms than the White patients were. Oh, they were also to look at such things as whether courtesy titles were used—were patients addressed as Mr. and Mrs., sir and madam, or were they called "boy" for men or "girl" and by their first names. And "Doctor" if they were doctors.

GM: You didn't mention that before.

JP: I'm sorry I didn't. So Paul was paired with, I don't remember who, I don't.

Oh, but the other thing they were told is that hospitals might hide things; they might, for example, dismiss all the patients so that the hospital did not present any appearance of segregation since there were no Black patients to be seen, just by coincidence, and so they had to be assumed to be acting in good faith. Anyway, so how do you know whether they're acting in good faith? How do you know whether the Black rooms are worse than the White rooms if they don't show you all the rooms in the hospital? If they say, "Oh, that's a storage room" and you don't get to go into it? So they were instructed, and I think they in general behaved this way, to have a certain way of arriving in town.

They would arrive in town. They would probably check into their motel where they probably wouldn't be welcomed too warmly and, in some cases, they were not welcomed too warmly. In some cases their phones were tapped in the motel. They learned very quickly if they wanted to make a telephone call, before the days of cell phones, they would have to go find a public phone somewhere. Anyway, they would come and then after that, after they checked in, they would go and find the African-American neighborhood which almost always would be literally on the wrong side of the tracks. They would just walk around or drive around, and they would stop Black person after Black person, and they'd explain who they were and asked whether they knew anyone who had recently been in the local hospital. Often, in fact always, within talking to two or three people they would find such a person. And they then asked if they could meet with the person and you know the respondent would make a couple of phone calls and within a very short while Paul and friend would be invited after work to a house in the Black community and there would be not just one, but three or six or eight people who had recently had experience of the local hospital. These people were superb informants. Or they were people who worked in the local hospital.

They would say, “Well, go up to the third floor and see that those rooms don't have any air conditioning” or “Go down the east corridor, walk downstairs, and those will be the Black rooms.” Or they will say, “All the Black patients were released yesterday” because there was some notice that these guys were coming.

So when Paul and his colleague would come, they would know just what to ask. They would say, “Show us the east corridor, show us the rooms on the third floor.” And they would go up there and all the beds would be filled with Black people and they would ask, “Why it is that the rooms on the second floor have air conditioners and the rooms on the third floor did not [have] function[ing air conditioners]?” They were told on one notable occasion, “Well, they don't like cold air.” There was another notable occasion where the director of the hospital, which was a Catholic hospital, who was a very courteous Nun was talking to Paul and she was protesting that the relations between the Black and White community could not be better in their community and she pointed out the window where a Black man was cutting the lawn. She said, “Why that boy, I've known that boy since he was 12 years old,” at which point she turned bright red because she knew that was one of the forbidden expressions. They didn't use the term “politically incorrect” at that point and “politically incorrect” usually means, you know, wrong. That would have been an example.

That’s the main narrative that Paul told about a number of different places. Along with experiences that were not exactly scary but they seemed somewhat menacing: the fact that people listened in on the phone, the fact that people would follow their car when they drove from the motel to the hospital, or then from the hospital to another town nearby, and that sometimes when they wanted to make a phone call they would go to a phone box that was fairly isolated. I remember Paul once calling me from near the town called Pass Christian, Mississippi—I remember that name—and it was just an isolated phone box outside of the hospital. He described all these pickups going by with rifles sticking out the windows which was harrowing really—to me certainly— and he was pretty cool about it. He was having a very good time. He was very happy to do this.

GM: I gather that he did not experience any physical hazards, harm to himself.

JP: No, he didn't feel he was physically in hazard. He came back saying by and large that the people in the hospitals had been extremely courteous; they were, they didn't take it personally.

GM: How about when he was in people's homes? I'm talking about the nights before the hospital visits as a White person going into the home of a Black person.

JP: What was it like? It was wonderful, it was wonderful. During that whole movement there were periods in which you felt everybody was pulling together and you felt there was a kind of camaraderie. In [19]‘68 after Martin Luther King was shot, we happened to be planning a spring visit to some friends of ours who lived in Atlanta. So we flew into Atlanta with our baby on the very day Martin Luther King's funeral was being held. I had this little baby to stay with and my host and hostess had a little baby, too. So as things went in those days, Letty and I stayed home with the little children, but Paul and Peter went off to the funeral and that was the last good day, almost, in race relations in America. There was at that funeral a shared grief and a solidarity and there were Black and White together and we shall overcome together and there was a sense that there was a great movement towards justice. After those assassinations, things began to fall apart. I mean after Martin Luther King, the Black and White couldn't so comfortably be together sharing the civil rights goal in the living room. When Paul was there in [19] ‘66, there was solidarity and he was so grateful and he loved it.

GM: How long was he down there?

JP: I'm trying to remember. I cannot tell you exactly. I mean a month maybe.

GM: You were left alone?

JP: Yeah, I was alone. I didn't have any children at that point. I had a full-time job. It was not a problem. But I think the reason that fewer people volunteered than we would have expected was that a number of public health service people in Paul's category had children and it would have been difficult to leave. They all had wives. It was all men. I don't think there were any women going at that point at all. It would have been [all male PHS officers] because these people were all potential draftees. They were physicians serving under the still extant draft which worked only for men.

GM: I have some notes that say about 300 people were sent down at that time from Social Security, I believe, and from the Public Health Service. Did they all work together?

JP: I think the initial organizational meeting was big, but then not afterwards.

GM: Each was assigned a partner and they had their own territory to travel to.

JP: That's right, that's correct.

GM: I understand that Paul's responsibilities were a bunch of small rural hospitals along the Mississippi gulf and the southwest corner of Tennessee.

JP: That's right. Not Alabama.

GM: It took him about a month to do all that and during that time he said he really wasn't threatened in any serious way.

JP: No, he was not threatened. But you know, [there was] the shadow of [Andrew] Goodman and [Michael] Schwerner's alleged murders [in 1964]. Yes, that had happened. Mississippi is a kind of byword. "Mississippi Goddam" When was that song?

GM: That was the year before Paul went down [the song was released by Nina Simone in 1964]. My understanding is that Medicare was about to take place and Medicare offered money to the hospitals to help support them if they followed the guidelines. But they hadn't been following the guidelines.

JP: It's sort of different from now with Medicaid, where so many states are just spitting in the eye of the feds with Medicaid.

GM: Did Paul ever see evidence of compliance, evidence of a change?

JP: No, no. He didn't go back to see evidence but presumably they did because most of the hospitals were eager to be in compliance. If appearance of compliance would do, that would have been what they would have been happy to do, but if the appearance wouldn't do, they would capitulate. I think that's at least what Paul took away.

GM: Is there any sense on your part that this trip with all these people in 1966 made a great difference in the South and in the management and medical care of the Black population? Do you have any sense of what happened over the years since then?

JP: I don't. Does any single thing make a great difference? I think it's, from what Paul has said and what others have said, it seems to have been one of those *fait accomplis* which gets encapsulated in a society which can remain otherwise segregated. I mean I remember when I was a student in England many years ago meeting people who were deeply, deeply, deeply conservative, deeply right-winged by British standards and by American standards, and yet at the same time they totally accepted the National Health Service because it was an extant anomaly and they knew it worked. They did it but they still didn't change their global thinking. I think, you know, it was accepted that hospitals are going to work this way, the way streets work this way—you know, streets are not segregated.

GM: Are there any other stories about the South that you want to tell before we go back to NIH?

JP: This was that Paul was really happy in the South. He liked the South because he always says that Southerners are rather conversational. Before they get down to business, they will have a civil conversation with you about your life, your background, your family, and he always liked that. He's rather that way himself. My own neighbor, who is an old Mississippian, says Paul reminds him of his Mississippi neighbors when he was a boy. Paul just liked the manners and he also liked the landscape and, when he was in Tennessee, he had a wonderful bird watching trip with a man named Alfred—with an L, Alfred Lenier, something like that [name could not be confirmed]—who was a famous bird watcher who took him and his partner to see a lake that had been created by an earthquake on the Mississippi in the 19th century which was filled with nesting herons and so forth and they went into this place. That was a high point. I'm sorry I've lost the name of the lake [Reelfoot Lake], but I could look it up on the map. The movie "Raintree County" [1957] was filmed there and the director of the Raintree County film dynamited a path for Elizabeth Taylor to get through the swamp and thousands of nesting birds left, so the lake was not quite what it had been before the movie makers came but it was still wonderful. So that was an added side effect, and he liked the food, I guess.

GM: He came back to NIH in 1966 and stayed there for his whole career until he retired in 2016-- for about 50 years. What was his title and what were his accomplishments?

JP: He had various titles. I mean he was the Scientific Director of his Institute [the National Institute of Arthritis and Musculoskeletal and Skin Diseases]; he was the Head of the Branch in Clinical Myositis. His early work was on aspirin. He was a world aspirin specialist. He did major work in muscle diseases, particularly a disease called Pompe syndrome which he worked on with his friend, Nina Raben. Actually I got out this poster which shows various pictures of them. He was a superb clinical teacher. He published God knows how many articles.

One thing that he did that he liked very much was serving as the head of a lecture series that took place in grand rounds that was called the Great Teachers Series. It still exists. Basically he managed through networking to find out who were the great teaching doctors and scientists throughout America and got them to come and talk, not ever on a specialized subject like grand rounds would usually be, but some aspect of medicine that they had given a lot of reflection to. Now Paul himself has given great teachers lectures himself. The one he gave I think was on the history of immunology which was this fabulous lecture that he gave.

He is a beautiful writer. I'm an English professor and he's a physician. His father was a very literary physician and Paul is very literary. His mother was an anthologist of poetry. Her first collection was called "Imaginations' Other Place". It's a book of poems about science. Anyway so he came from this literary and scientific family. His father was a collector of first editions by Thomas Hardy. Paul's a great reader and has memorized all the Shakespeare sonnets. He and his roommates did that in medical school. So he is a beautiful writer and a very good mentor—which is another achievement. When Paul got the gold medal from the Arthritis Society at a meeting in San Diego some years ago, he gave the gold medal address. What he did, which hardly anybody does, in giving his talk he mentioned all the young scientists to whom he'd been a mentor and how important they've been in his career. Whenever he writes anything, he always is very careful to get the young scientists in. As a mentor in the lab, whenever anybody wrote a paper, he would make them read the paper sentence by sentence by sentence by sentence and go over it. It could drive you crazy. But those papers were so tight and beautifully written. And the same is true for the large public lectures that he's given over the years. He would work on them for months and months to get them right. The quality of writing is very lucid and essay-like.

GM: I want to ask you about his further public health service when he went to Africa during the Ebola outbreak that you had told me about. Would you like to discuss that briefly?

JP: Sure. Paul, do you remember when you went to Africa for the Ebola epidemic? I'll preface that by saying that when Paul was a medical student in 1960, he had the opportunity to go as a summer student guest at the medical school in Ibadan, Nigeria. He was a curious young man and so he went, and he loved West Africa. He loved Nigeria. Also by coincidence he happened to be there just when Nigeria became independent. So he was present at the independence day ceremonies and saw the British flag go down and the Nigerian flag go up. He traveled all over Nigeria and made many good friends among the Nigerians. One of whom (Paul Chuke) would come to visit and was chief resident at Hopkins.

He was always talking about Africa and saying we should go back. It never happened. And then it was in 2015 or 2016 when there was the epidemic in West Africa, notably in Liberia. There was a meeting at NIH where there was a description of a new study that NIH was going to do along with some Swiss medical agency in several vaccines that were being developed against Ebola. And there was a call for volunteers to go to Nigeria for about three weeks. The volunteers could be nurses or pharmacists or physicians. You know Ebola was scaring us out of our wits. But Paul very much wanted to go, and he had spoken to the people about it but he hadn't quite volunteered. He came back and talked to me about it and I knew how much he liked being in West Africa and who knew when another opportunity like this would present itself? I shared his enthusiasm and I sort of took a deep breath and crossed my fingers and said, "Yes, Go."

And he went with…How big was your group from NIH? There are photos on his phone. I think there were maybe eight people. I know there was a pharmacist and I know there were nurses and I know there were other doctors. They stayed in Monrovia. They stayed in the hotel and the security was pretty good. The Liberians had developed a very good system of protection.

They saw patients whom they injected, they saw patients who had had the vaccine, and they worked with the vaccine. They did not treat patients who were sick with Ebola, but they visited Ebola hospitals. The secretary in my department was a good friend of mine and she was a Liberian woman and she had a brother who was a school principal and a preacher and so against protocol Paul visited the church and traveled around. And was really full of admiration for the way that the Liberians were handling this. I think this was one of the peak experiences of the past five or ten years. He loved being in Liberia and it was clearly worth doing and again his feeling was, why didn't everybody do it? This is the thing you do.

GM: He turned out to be a major contributor for public health problems.

JP: The other thing that he did, for many years he served as co-chairman of the Committee of Concerned Scientists which is an international social justice organization which was started to help Soviet refuseniks. It is on behalf of scientists who are being persecuted in one place or another though in recent years they've concentrated more on Iranian or Egyptian doctors than on Soviet doctors—and still Chinese oppressions, too.

GM: You have certainly covered the whole course of his history in a beautiful fashion, well spoken. I truly appreciate your help here with his memory problems. Thank you very, very much for this helpful presentation. Do you have any other stories to share?

JP: Apropos of Paul and poetry, for two years running we participated in a strange arts festival that was held in the Greenwood Cemetery in Brooklyn. It's held around Hallowe'en. There was an organization, and to tell you the truth it was an organization run partly by our son, which is how we got asked, in which people who were professional and amateur actors and dancers and singers and performers would, in the evening in the cemetery, perform on Irish lutes, would do folk dancing, would play music and sing. But Paul and I sat in a mausoleum and read all of Shakespeare's sonnets aloud for several hours. It was really rather cold. We read it by candlelight in the mausoleum. It was really wonderful because quite a lot of people came in and took turns with us. It was in 2016-2017.

GM: I find all your stories interesting and intriguing! Thank you all so much for talking with us!